

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91307 043 ***150.00

0309285 AV

DOCUMENT # F32439

1. Entity Name

OFFICIAL REPORTING SERVICE, INC.



Principal Place of Business

**524 S ANDREWS AVENUE
#102N
FT. LAUDERDALE FL 33301
US**

Mailing Address

**524 S ANDREWS AVENUE
#102N
FT LAUDERDALE FL 33301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

302N

Suite, Apt. #, etc.

302N

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2088793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOLLY, BRUCE W~~ *Tobin & Reyes, P.A.*
1322 S.E. 3RD AVENUE 7251 West Palmetto Park Road
FT. LAUDERDALE FL 33316 *Suite 205*
Boca Raton, Fl. 33433

Name

Tobin & Reyes, P.A.

Street Address (P.O. Box Number is Not Acceptable)

7251 W. Palmetto Park Road

Ste 205

City

Boca Raton

FL

Zip Code

33433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **BRUENS, PATRICE WALDEN**
STREET ADDRESS **1281 SW 20 AVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **BOWSER, PAMELA A**
STREET ADDRESS **2811 VILLAGE BOULEVARD # 304**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **BRUENS, MICHAEL R**
STREET ADDRESS **1281 SW 20TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Change ☒ Addition
NAME **Richard A. Stein**
STREET ADDRESS **524 S. Andrews Ave., Ste 302N**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Kristina B. Stein**
STREET ADDRESS **524 S. Andrews Ave., Ste 302N**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

954-467-8204
Daytime Phone #

CR2E034 (10/02)